Effective October 1, 2000 0 9 765 108													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			23				ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		· 3			X\$ 9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	80	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	ENT			+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" is						olumn 2	L	TOTAL		OR	TOTAL	826	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
_		(Column 1) (Column 1) (Column 1)				(Column 3) SMALL			ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	. o	23	= /	廿	X\$ 9=		OR	X\$18=		
	Independent	• 5	Minus ,	Z	CLAIM	-	I	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
							L .	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)		0011. FEE	 		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	brack iggl] iggl[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	·á	7/	=	\prod	X\$ 9=		OR	X\$18=		
	Independent	AITATION OF ME	Minus	\	CLANA	<u> -</u>	$I\Gamma$	X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
								TOTAL		OR	TOTAL		
ADDIT. FEE L											ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	*	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	\prod	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	1 t	X40=			X80=		
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		┚┞			OR			
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.										OR	+270=		
••	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT. FEE												

Application or Docket Number